



NC Family Caregiver Support Program Procedures Manual



**North Carolina Division of Aging and Adult Services
Issued November 2004**

National Family Caregiver Support Program

Procedures Manual

North Carolina Division of Aging and Adult Services

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Procedures for The National Family Caregiver Support Program North Carolina Division of Aging and Adult Services

Introduction to this Guide

This Guide is a consolidation of state and federal policies and procedures of the Family Caregiver Support Program (FCSP). It includes the Family Caregiver Support Act, required documentation, sample forms, and program guidance. This will be updated periodically to add or revise information. Please consider this as a companion to the CORES Manual from 2001.

Each Area Agency on Aging (AAA) will receive a three-ring binder containing a copy of this document and a copy of the updated Database Instructions.

New *Questions and Answers* will be added as soon as they are received and processed. Replacement pages will be emailed to you as they become available so that you can replace them in your binder.

Administration on Aging Resource Guide

The National Family Caregiver Support Program Resource Guide has been provided to help give states ideas and guidance on program implementation. While the guide emphasizes that the FCSP is a “systems change” opportunity:

To maximize the NFCSP effect, most resources should be used to leverage existing programs and expertise rather than delivering service to individuals. Generating a critical mass of stake holders to establish and sustain a system of services and supports for caregivers is in the interest of the aging network.

The Administration on Aging, through the NFCSP Resource Guide, provides information on service categories and many examples from other states.

http://www.aoa.gov/prof/aoaprof/caregiver/careprof/proguidance/resources/nfcsp_resources_guide.asp

The Division of Aging and Adult Services has provided a list of approved services. This list is on the Division’s website at

<http://www.dhhs.state.nc.us/aging/fcaregr/fcspsvcs.htm>

and is provided below:

North Carolina’s Program Goals

In implementing the Family Caregiver Support Program, North Carolina has focused on partnering and leveraging the somewhat limited caregiver funds. In working through the state’s 17 Area Agencies on Aging, the NC Division of Aging set several statewide goals for the program:

1. There will be an adequate infrastructure at the AAA and State levels to serve as a platform for future enhancement of support for family caregivers.

2. Every region will have an Information & Assistance (I&A) system that meets the recommendations of the Division's Task Force on I&A.
3. Family caregivers in every county will have access to respite care, counseling and training.
4. AAAs and the Division will know the unmet needs of caregivers for purposes of planning and program development.
5. AAAs and the Division will have contributed significantly to helping the State implement recommendations of the N.C. Institute of Medicine Task Force on Long Term Care, including promotion of the availability of core services and the strengthening of local planning for aging and long term care.

Family Caregiver Support Program AAA Workplan

The Division of Aging and Adult Services expects the use of measurable objectives in the work plan to track progress toward development of partnerships and leveraging of resources.

From the National Family Caregiver Support Act:

Definitions:

- (1) Child- The term `child' means an individual who is not more than 18 years of age.
- (2) Family caregiver- The term `family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual [*the term ``older individual'' means an individual who is 60 years of age or older.*]
- (3) Grandparent or older individual who is a relative caregiver- The term `grandparent or older individual who is a relative caregiver' means a grandparent or step-grandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age or older and--
 - (A) lives with the child;
 - (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - (C) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

For the complete Family Caregiver Act, please refer to the AoA website at <http://www.aoa.gov/prof/aoaprogram/caregiver/careprof/lawsregs/Title3eAoA.asp>

Administration on Aging's (AOA) Website Program Instructions and Information

(from the U.S. Administration on Aging web site)

http://www.aoa.gov/prof/aoaprogram/caregiver/overview/overview_caregiver.asp

The enactment of the Older Americans Act Amendments of 2000 (Public Law 106-501) established an important new program, the National Family Caregiver Support Program (NFCSP). The program was developed by the Administration on Aging (AoA) of the U.S. Department of Health and Human Services (HHS). It

was modeled in large part after successful programs in [several] states and after listening to the needs expressed by hundreds of family caregivers in discussions held across the country.

The NFCSP received a congressional appropriation of \$125 million in fiscal year 2001 [and has increased to \$161.8 million in 2005]. Most funds are allocated to states through a congressionally mandated formula that is based on a proportionate share of the 70+ population.

Eligible Populations:

- Family caregivers of older adults (age 60 years and older); and
- Grandparents and relative caregivers of children not more than 18 years of age (including grandparents who are sole caregivers of grandchildren and those individuals who are affected by mental retardation or who have developmental disabilities).

[Please refer to page 50 of this document "Frequently Asked Questions about National Family Caregiver Support Program under the Older Americans Act Amendments of 2000" for interpretation of "individuals who are affected by mental retardation or who have developmental disabilities".]

Priority Consideration

States are required to give priority consideration to:

- 1) persons in greatest social and economic need (with particular attention to low-income, minority individuals);
 - *"greatest economic need" means the need resulting from an income level at or below the poverty line and*
 - *"greatest social need" means the need caused by non-economic factors, which include—*
 - a) *physical and mental disabilities;*
 - b) *language barriers; and*
 - c) *cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that*
 - *restricts the ability of an individual to perform normal daily tasks; or*
 - *threatens the capacity of the individual to live independently*

and

- 2) older individuals providing care and support to persons with mental retardation and related developmental disabilities. *Please refer to page 50 of this document "Frequently Asked Questions about National Family Caregiver Support Program under the Older Americans Act Amendments of 2000" where the term is defined to mean children 18 years of age and younger.*

Coordination with Community Providers

Community agencies shall be involved in the planning of caregiver support programs. These agencies, at a minimum should be 1) regional Alzheimer's Chapters; 2) Division of Vocational Rehabilitation Independent Living Program; 3) county Departments of Social Services; support groups; 4) Cooperative Extension; 5) area mental health programs; 6) hospice agencies; 7) respite care providers (including adult day services) and 8) lead agencies for local planning on aging. Other recommended contacts include area health education centers, community colleges, and area universities, county Medicaid Community Alternatives Program providers, eldercare programs, legal assistance, family resource centers, faith community, chambers of commerce, and other appropriate providers. (OAA(TITLE42)(CHAPTER 35)(SUBCHAPTER III)(Part E)(subpart i)(d); (DOA Administrative Letter No. 01-01)

Caregiver Input in Program Planning and Evaluation

While the AAA assures they will coordinate planning, identification, assessment of needs, and provision of services for caregivers of older individuals with other agencies, the AAA must also seek to learn the views of family caregivers in setting service priorities. This includes the need of older grandparents raising grandchildren and of older relatives caring for children with mental retardation or other developmental disabilities. The AAA will assess the need for expansion of existing services and/or development of new ones. It is essential that the AAA have an effective mechanism to receive input from caregivers on a regular basis. (DOA Administrative Letter No. 01-01)

Family Caregiver Support Program Services

The program calls for all states, working in partnership with local area agencies on aging, faith, community service providers, and tribes to offer five direct services that best meet the range of caregivers' needs, including:

- 1) Information to caregivers about available services;
- 2) Assistance to caregivers in gaining access to supportive services;
- 3) Individual counseling, organization of support groups, and training to assist caregivers in making decisions and solving problems relating to their roles;
- 4) Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- 5) Supplemental services, on a limited basis, to complement the care provided by caregivers.

To be eligible to receive services in categories 4) respite and 5) supplemental services, the caregiver must be providing care to an older individual who meets the definition of frail.

"Frail" is defined in the Older Americans Act (OAA) as an older person who

- (1) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision, or
- (2) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. [OAA, Title 42: Chapter 35: Subchapter 1: Sec.3002].

Restrictions On Use Of Funding

- (1) No more than 10% of this funding may be used to support grandparents (60+) and older individuals who are relative caregivers who are providing care for their grandchildren (under age 19).
- (2) No more than 20% of this funding may be used for supplemental services.

Maintenance of Effort - Non-Supplanting

Funds made available under Title III-E shall supplement, and not supplant, any federal, state, or local funds currently being used to provide services to caregivers described above.

Family Caregiver Support Program Service Definitions and Service Units Defined

For *reporting* purposes the Administration on Aging has provided the following service definitions:

I. Category I Information

A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities.

Service Units: Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities. One (1) activity is one unit of service.

2. Category II Assistance with Access

A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. Information and assistance to caregivers is an access service, i.e., a service that (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; and (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.

Service units: One contact equals one service unit.

3. Category III Caregiver Counseling, Support Groups, and Training

Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).

Please see “Frequently Asked Questions” in the “Questions Asked of the Division of Aging and Adult Services” on page 47 (Q. 3) of this document for further information on this category.

Service Units: One session equals one unit of service.

4. Respite Care

Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as

a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

Service units:

- Other respite service (in-home) units should be listed by WHOLE HOURS!
- Institutional and congregate respite hours (adult day care; group respite; and institutional respite) should list # of whole days of service.

For further information on reporting caregiver services for the FCSP, please see the NC Family Caregiver Support Program Data Instruction Booklet (latest version is kept on the website) at

<http://www.dhhs.state.nc.us/aging/fcaregr/prgform.htm>

Client Service Data Reporting

AAA Family Caregiver Support Programs are to submit client service data to the Division of Aging and Adult Services regularly. Data will be submitted quarterly unless otherwise notified. Due dates for FCSP data will be included on the *AAA Due Dates Memo* issued annually. The database instructions provided with the software give specific directions on how the data is imported from providers and exported to the DAAS.

FCSP ARMS Reporting and Reimbursement

Due dates for ARMS reports are found at:

<http://www.dhhs.state.nc.us/aging/arms/armsched.htm>

ARMS instructions specific to the Family Caregiver Support Program can be found at <http://www.dhhs.state.nc.us/aging/arms/fcreport.htm>

Family Caregiver Support Program

ARMS Reporting and Reimbursement

Fund Code 8 has been established for the Family Caregiver Support Program in the ARMS. Regional allocation amounts can be found on the ARMS Allocations Screen listed as "Family Caregiver Funding". The following non-unit service codes have been established:

Service Code	Service Name
800	Information about Services
810	Assistance Locating Services
820	Counseling, Support Groups, Training
830	Respite Care
840	Supplemental Services

The Code "OMC" (multi-county code) should be used to establish contracts and submit reimbursement records when the AAA is using Caregiver funds in the category to serve more than one county; otherwise, the AAA should identify the specific county.

Prior to submitting a reimbursement request, AAA's must complete the following:

1. Obtain a 'Provider' code for the Area Agency if no code has been previously assigned for direct services. Send a completed Form DOA-150 to [Linda Owens](#) which can be downloaded at www.dhhs.state.nc.us/aging/manual/hccbg/hccbg.htm.
2. Establish non-unit budgets in ARMS for all service code categories (*AAA provider code must be obtained first*), as appropriate.
3. Maintain appropriate written documentation (*i.e. time sheets, calendars, and activity records*) to support non-unit reimbursement requests submitted.

Report series **ZGA370-12** details monthly expenditures, monthly reimbursement amounts, and year-to-

date reimbursement totals, and is available in ARMS.

Monthly, the AAA should submit to DOA non-unit reimbursement records for the total costs in each of the applicable five service categories under the FCSP. Reimbursement to local providers will follow the same process adhered to with other non-unit services where total costs for the month are reported to the AAA and payment for non-HCCBG expenditures is issued to providers by the AAA. Report series ZGA370-12 provides monthly expenditures, monthly reimbursement amounts, and year-to-date reimbursement totals for the FCSP.

Service information including client data, service totals, and other demographic information must be collected and will be reported on the Family Caregiver Support Data Entry Spreadsheet. AAAs are to e-mail this report quarterly to [Mark Hensley](#).

If you have any questions regarding reimbursement, please contact [Ann Cratt](#) or [Mark Hensley](#).

The List of Approved Family Caregiver Support Program (FCSP) Services & Activities

Effective July 1, 2004

Division of Aging & Adult Services (DAAS)

Category I Approved Activities and Services (800):

- Community and program relations and advocacy
- Community and program outreach
- Community and program assessment
- Community and program planning
- Community and program documentation, evaluation and oversight
- Informational/educational programs
- Organization and/or participation in community events (e.g., job fairs, health fairs, chamber of commerce, and senior fairs)
- Program promotion (e.g., public service announcements and advertisements)
- Public information (e.g., printing of publications)
- Other as approved by DAAS

Category II Approved Activities and Services (810):

- Information & Assistance (I&A)
- Care management
- Care planning
- Develop caregiver emergency plan (e.g., hospitalization plan, back-up respite service, and enrollment on special needs registry)
- In-home caregiver assessment
- Benefits screening/assessment
- Program Planning, Coordination, Assessment, Resource Development and Oversight
- Other as approved by DAAS

Category III Approved Activities and Services (820):

- Caregiver counseling (caregiver issues, financial, legal, end of life, grief, and peer)
- Organization of support groups (caregiver, widow, peer, disease specific and grief)
- Workplace caregiver support (e.g., coordination with employer-sponsored caregiver assistance programs)
- Caregiver training programs
- Program Planning, Coordination, Assessment, Resource Development and Oversight for Category III Services
- Other as approved by DAAS

Category IV: Approved Activities and Services (830):

- In-home respite (personal care, homemaker, and other in-home respite including those provided by Senior Companions/home visitors)
- Respite provided by attendance of the care recipient at an adult day center, respite center, mobile day respite, or other nonresidential program
- Emergency respite program
- Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home or assisted living for a short period of time to provide respite to the caregiver
- Summer camps, after-school programs or child day-care (for grandparents caring for grandchildren)
- Other short-term respite options (e.g., respite camps and caregiver retreats)
- Program Planning, Coordination, Assessment, Resource Development and Oversight for Category IV services
- Other as approved by DAAS

Category V Approved Activities and Services (840):

- Home safety interventions/evaluations
- Access to assistive technology
- Handy man, yard work, or household chore work (i.e., house cleaning for caregivers)
- Equipment loans
- Home modifications (e.g., lift chairs; grab bars, assistive devices, ramps, etc.)
- Personal emergency response alarm systems
- Incontinence or other caregiving supplies
- Telephone reassurance
- Liquid nutritional supplements (e.g., Ensure or Boost)
- Home delivered meals (temporary)
- Transportation
- Program Planning, Coordination, Assessment, Resource Development and Oversight for Category V Services
- Other as approved by DAAS

Respite Clarification Memo

To clarify the state's position on **respite** service delivery, the following memo was distributed to the network on the date indicated.

MEMO

To: AAA Family Caregiver Support Specialists
From: Christine Urso, Family Caregiver Support Program
Date: June 30, 2004
Re: **Respite**

Several questions have come up about respite and what is allowed under the National Family Caregiver Support Program. The questions pertain to the meaning of the term "temporary" in the definition of respite in the Family Caregiver Support Act. The act reads that the states are to build multifaceted systems of support including "respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities".

What is the definition and/or interpretation of the word "temporary"? In terms of the continuation or duration of respite services to one family there are two things to consider:

- 1) Because the funds under the Family Caregiver Support Program are very limited, many AAAs have decided to place a "cap" per family for hours or dollars toward respite service. The caps may allow counties to serve more caregivers.
 - ◆ While caps are acceptable, as a guideline, respite should continue to be open to flexibility to assist a family with a great need when other resources are not available and absence of respite could have dire consequences for the caregiving situation. Decisions should be made with the sound judgment of the practitioner who fully assesses the situation and if necessary, after consultation with the AAA Family Caregiver Specialist.
- 2) The Administration on Aging is encouraging states, if not *urging* states, to keep the Family Caregiver Support Program flexible with as little restrictive language as possible.
- 3) "Temporary respite" would be a caregiver break that is neither full time nor permanent.

The National Family Caregiver Support Program Resource Guide from the Administration on Aging offers guidance on developing and administering respite programs. The following points apply not only to the duration of the respite service over the caregiving career, but also the availability of respite at the right time.

- ◆ Rhonda Montgomery reminds us that caregivers must reach the “servable moment” and receive adequate services at that time. Providers need to help caregivers with their awareness and receptivity (servable moment) to respite. She also asserts that “different types of caregivers arrive at the servable moment for different reasons and that caregivers use services only when they perceive the benefits to outweigh the monetary, emotional, or physical costs of using the service.” Montgomery also encourages providers to offer an appropriate “dosage” to caregivers at the servable moment.
- ◆ “The network should re-examine existing policies around respite provision, particularly rules that might encourage caregivers to delay respite care with the concern that they could need it more in the future.”
- ◆ “It is clear that the appropriate type and level of respite care differs among caregivers. Arbitrary caps on respite care could impede effective resource allocation among consumers with different levels of need, resulting in ineffective or inefficient service use. By developing mechanisms for the caregiver consumer to gain more control over the process, the network realizes a greater chance of meeting the caregiver’s respite needs.”

From: The National Family Caregiver Support Program Resource Guide, August 2002, U.S. Administration on Aging, U.S. Dept. of Health and Human Services

Can caregivers receive temporary respite from year to year? Yes, caregivers can receive temporary occasional relief from one fiscal or calendar year to another. Of course temporary respite is **not** ongoing 24-hour care when the caregiver who is being relieved does not plan to return to the role of primary caregiver. Respite, however, can be 24-hour care for a short time to allow the caregiver to renew or take care of other matters.

This leaves the state, AAAs, and providers/practitioners great flexibility in responding to the specific needs of families and definitely allows the opportunity for caregivers to have influence in decisions about their care needs.

(End of Respite Memo)

Activities of Daily Living (ADLs)

For the Family Caregiver Support Program (FCSP) Categories IV and V, the older individual (care recipient) must have 2 Activity of Daily Living (ADL) impairments. The ADLs listed and defined in the NC Home and Community Care Block Grant Manual will be the ADLs assessed for the FCSP. They include eating, dressing, bathing, toileting, bowel and bladder control, transfers (getting in and out of bed or chairs), and communication (ability to express needs to others e.g., speech, written word, signing, gestures, communication devices). The older individual must need “hands-on assistance, supervision or cueing”.

Based on self-report, caregiver report, or professional assessment

- **Eating**: Can care recipient feed herself/himself independently?
- Is assistance with **bathing** needed?
- Is assistance in getting **dressed** needed?
- **Toileting**: Can care recipients manage their own toileting needs (getting to the bathroom on time; ability to manage dressing and undressing for this purpose; is personal hygiene appropriate related to toileting)? A person who is incontinent but can manage changing their own incontinence supplies appropriately would be considered independent in toileting.
- **Incontinence**: Is care recipient incontinent of bowel or bladder?
- **Transfers**: Can care recipient get in and out of bed and chairs unassisted?
- **Ambulation**: Can person walk without human assistance, even if they use an assistive device (walker, cane, wheelchair)?
- **Communication**: Does care recipient have the ability to express needs to others, even if it is non-verbal? This includes use of speech, written word, signing, gestures, and communication devices.

The Home and Community Care Block Grant Manual is found on the Division’s website at <http://www.dhhs.state.nc.us/aging/manual/hccbg/hccbg.htm#info>

Client Appeals, Confidentiality, Release of Information, Informed Consent

Client Confidentiality

Appropriate measures need to be in place to protect the confidentiality of the caregiver, the care recipient and the family. Information cannot be disclosed to anyone or any organization without the written informed consent for the release of information of the older individual and caregiver. This release of information should be specific in naming to whom the information can be released, the nature and extent of the information and should be time-limited. It should also include a statement that informs the client of the right to revoke information at any time.

Agencies will inform service users of the confidentiality policy and will include a form signed by the client indicating that they received an assurance of the confidentiality of their information. A release of information form signed by the client should be included in the case record if appropriate.

Client information can be disclosed without consent to the area agency on aging and the Division of Aging and Adult Services for reporting purposes. However, the state or area agency on aging may not require a provider of legal assistance to reveal any information that is protected by attorney-client privilege.

The Family Caregiver Support Program services are not subject to Health Insurance Portability and Protection Act (HIPPA) requirements, however some entities subcontracting with AAA's may be (e.g., nursing homes, home health and hospice agencies).

For more information on client confidentiality see the NC Home and Community Care Block Grant Manual on the Division's website at <http://www.dhhs.state.nc.us/aging/manual/hccbg/bgsect6.pdf>

The AAA Policies and Procedures Manual also addresses client confidentiality in Section 1000. Selected information below is from this manual.

AAA Policies and Procedures Manual Client Appeals, Confidentiality, Release of Information, Informed Consent

902: Applicant/Client Appeals

902.1: Applicant's/Client's Right to Appeal Decisions Affecting the Receipt of Services

- A. Section 307(a)(43) of the 1992 Amendments to the Older Americans Act requires that the Division of Aging and Adult Services provide guidelines for carrying out grievance procedures for older individuals who are denied or dissatisfied with services, as provided in Section 306 (a)(6)(P). Applicants and clients (a/c) of aging services provided by the local Department of Social Services (DSS) will file any appeals in keeping with local DSS policy which is based upon state Division of Social Services policy and the North Carolina Administrative Code. Otherwise, all other applicants and clients of aging services forwarded through the Division of Aging and Adult Services shall appeal through procedures stated in this section. Applicants and clients may appeal on the basis of:
- (1) Discrimination in violation of applicable federal or state law on the basis of race, color, national origin, sex, religion or handicap;
 - (2) Incorrect eligibility or functional status information recorded by the service authorizing agency;
 - (3) Incorrect client services plan, assessment/ reassessment or quarterly review recorded by the service authorizing agency and;
 - (4) Performance of a provider in the provision of services to the client.
- B. The agency responsible for authorizing client services shall inform the a/c, or their representative, in writing of their right to appeal decisions affecting the receipt of services as a part of (1) client intake and applicable assessment, (2) applicable service reassessment or quarterly review which results in the reduction or discontinuation of services, or (3) any other action which reduces or discontinues a service to a client. Service authorizing agencies shall incorporate the requirements stated in Sections 902.1, 902.2, 902.3 and 902.4 into their current grievance procedures.

1000: Client Confidentiality

1002: Confidentiality of Client Data

- A. As specified in 45 C.F.R. 1321.51, client information obtained by the Division of Aging and Adult Services, area agencies on aging or service providers from an older person or their designated representative shall not be disclosed in a form that identifies the person without the informed consent of the person or legal representative unless the disclosure is required by court order, or for program monitoring by authorized federal, state, or other designated monitoring agencies.
- B. The agency shall assure that all authorized individuals are informed of the confidential nature of client information and shall disseminate written policy to and provide training for all persons with access to client information.

1003: Information from Other Community Service Organizations

If the agency receives information from another community service organization or individual, then such information shall be treated as any other information generated by the State Division of Aging and Adult Services, area agency on aging or service provider and disclosure thereof will be governed by any condition imposed by the furnishing community service organization or individual.

1004: Disclosure Pursuant to Other Laws

Whenever federal or state statutes or regulations specifically address confidentiality issues, the agency shall disclose or keep confidential client information in accordance with those federal or state statutes or regulations.

1005: Ownership of Records

All client information contained in any records of the agency is the property of the agency. Employees of the agency shall protect and preserve such information from dissemination except as indicated by the policies established.

1006: Security of Records

- A. The agency shall provide a secure place with controlled access for the storage of client records or reports, or both, which contain client specific information.
- B. Only employees, students, volunteers or other individuals who must access client information in order to carry out duties assigned or approved by the agency shall be authorized to have access to such information.
- C. Only authorized individuals may remove a record or report, or both, from the storage area and that individual shall be responsible for the security of the record until it is returned to the storage area.
- D. The agency shall be allowed to destroy records in accordance with Record Retention Schedules promulgated by the Division of Archives and History, and state and federal statutes and regulations.
- E. Area agencies on aging and service providers shall establish written procedures to prevent accidental disclosure of client information from automated data processing systems.

1007: Release of Client Information

- A. No client identifying information, except as referenced in Section 1006, which is maintained by the Division of Aging and Adult Services, area agency on aging or service provider shall be released to other individuals or community service organizations without obtaining a signed consent for release of information from the client or legal guardian.
- B. The consent for release of information shall include, at a minimum, the following items:

- (1) Name of the provider and recipient of the information;
 - (2) The extent of the information to be released;
 - (3) The name and dated signature of the client or client representative;
 - (4) A statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent;
 - (5) Length of time the consent is valid.
- C. The client may alter the form to contain other information which may include but is not limited to:
- (1) A statement specifying the date, event or condition upon which the consent may expire even if the client does not expressly revoke the consent;
 - (2) Specific purpose for the release.
- D. A copy of the signed consent for release of information shall be maintained in the client record.

1008: Informed Consent

Prior to obtaining a consent for release of information, the delegated representative shall explain the meaning of informed consent. The client shall be told the following:

- A. Contents to be released;
- B. That there is a definite need for the information;
- C. That the client can give or withhold the consent and the consent is voluntary;
- D. That there are statutes and regulations protecting the confidentiality of the information.

1009: Client Access to Records

- A. Access to information about himself is the right of the client. Upon written or verbal request, the client shall have access to review or obtain without charge a copy of the information in his records with the following exceptions:
 - (1) Information that the agency is required to keep confidential by state or federal statutes or regulations;
 - (2) Confidential information originating from another community service organization;
 - (3) Information that would breach another individual's right to confidentiality.
- B. Clients requesting access to the information contained in his record should receive it as promptly as feasible but no more than five working days after receipt of the request.

- C. The Director or his delegated representative shall be present when the client reviews the record.
- D. The Director or his delegated representative must document in the client record the review of the record by the client.

1010: Contested Information

- A. A client may contest the accuracy, completeness or relevancy of the information in his record.
- B. A correction of the contested information, but not the deletion of the original information if it is required to support receipt of state or federal financial participation, shall be inserted in the record when the Director or his designee concurs that such correction is justified.
- C. When the Director or his delegated representative does not concur, the client shall be allowed to enter a statement in the record.
- D. Such corrections and statements shall be made a permanent part of the record and shall be disclosed to any recipient of the disputed information.
- E. If a delegated representative decides not to correct contested information, the decision not to correct shall be reviewed by the supervisor of the person making the initial decision.

1012: Disclosure of Client Information without Client Consent

Client information included in the client record may be disclosed without the consent of the client under the following circumstances:

- (1) To other employees of the agency for the purpose of making referrals, supervision, consultation or determination of eligibility.
- (2) Between the service provider, area agency on aging and Division of Aging and Adult Services for the purposes of reporting and monitoring.

Services Cost Sharing/Consumer Contribution

The cost sharing policies adopted by the Division of Aging and Adult Services apply to the Family Caregiver Support Program. Below is information on cost sharing from the AAA Policies and Procedures Manual. This information is also in the Block Grant Manual at <http://www.dhhs.state.nc.us/aging/manual/hccbg/bgsect5.pdf>.

1101: Background

The Service Cost-Sharing Policy outlines the policies and procedures necessary to solicit, from every service recipient, a portion of the cost of providing in-home and community based services administered by the Division of Aging and Adult Services.

North Carolina's commitment to service cost-sharing is outlined in North Carolina General Statute 143B-181.1(a)(10). This statute requires the Division of Aging and Adult Services to charge fees for in-home and community-based services, unless prohibited by federal law. The law also requires the Division to establish a fee schedule to cover the cost of providing services and indicates that fees may vary on the basis of the type of service provided and the ability of the recipient to pay for the service.

The concept of soliciting a portion of the cost of services from service recipients is not new. The Administration on Aging has a long standing commitment to service cost-sharing as illustrated by the Older Americans Act regulation which requires that all service recipients be given the opportunity to contribute to the cost of services received (45 C.F.R., Section 1321.67). In North Carolina, however, this requirement has not been uniformly implemented as intended.

The Service Cost-Sharing Policy integrates the provisions of the State and Federal laws into a single set of policies and procedures. The policy is intended to ensure that all service recipients are given the opportunity to share in the cost of services rendered. The decision to share in the cost of services is ultimately the decision of the individual receiving services. These policies and procedures will be implemented regardless of the fund source used to provide services subject to the Service Cost-Sharing Policy.

1102: Service Cost-Sharing

All individuals determined eligible to receive service(s) subject to the Service Cost-Sharing Policy must be informed of the provisions of the State and Federal laws which require that all service recipients be requested to share in the cost of services rendered, based upon their ability to pay. Service recipients must be informed of the cost of providing service(s) and agencies must give each service recipient a copy of their cost-sharing schedule. The cost-sharing schedule distributed to service recipients must be based on the recommended [current] cost-sharing schedule [found below]. Those individuals who have the ability to pay are expected by General Statute 143B-181.1(a)(10) to share in the cost of services. Agencies are also expected by General Statute 143B-181.1(a) (10) to make a reasonable effort to collect a portion of the cost of service(s) rendered from every service recipient.

1103: Purpose

The purpose of the Service Cost-Sharing Policy is to extend the availability of in-home and community-based services administered by the Division of Aging and Adult Services by soliciting from all service recipients a portion of the cost for services rendered based upon their ability to pay. Revenues collected from service recipients will be retained by the local service provider and used to increase services to existing clients and/or provide in-home and community based services to other individuals in need of such services.

1105.1: Initial Review

Agencies must review the following information with each individual who has been determined eligible to receive a service subject to Service Cost-Sharing:

- (1) The provisions of the State and Federal laws which require that all individuals be requested to share in the cost of services rendered, based upon their ability to pay;
- (2) The purpose of Service Cost-Sharing;
- (3) The cost of the service(s) received (i.e., actual cost per unit);
- (4) The process by which cost-sharing revenues will be collected;
- (5) The individual whom the service recipient should contact with questions pertaining to Service Cost-Sharing; and
- (6) The fact that services will not be terminated for failure to share in the cost of services rendered.

1105.2: Annual Review

For those individuals currently receiving service(s) subject to Service Cost-Sharing, the agency must review the above information with each service recipient during the next regularly scheduled service reassessment or within 3 months, whichever comes first.

On at least an annual basis, preferably during a service reassessment, agencies must review the following information with each individual receiving services subject to the Service Cost-Sharing Policy:

- (1) The purpose of Service Cost-Sharing;
- (2) The agency's cost to provide service(s) received;
- (3) The agency's procedures for collecting cost-sharing revenues and the individual whom the service recipient should contact with questions pertaining to Service Cost-Sharing; and
- (4) The fact that services will not be terminated for failure to share in the cost of service(s) rendered.

1105.3: Declaration of Income

Agencies are not required to ask service recipients to declare their income or negotiate a cost-sharing amount with each service recipient. The following information is provided as guidance to enable agencies to respond to questions from service recipients regarding what constitutes countable income for the purpose of calculating the recommended amount of cost-sharing based on the agency's cost-sharing schedule. This information is also provided as guidance for agencies voluntarily choosing to include their cost-sharing schedule on the Service Cost-Sharing Form for the purpose of negotiating cost-sharing amounts from service recipients.

Service Cost-Sharing percentages should be based upon the monthly income of the service recipient only, unless the service recipient is residing in the same household with his/her spouse. In instances where the service recipient and his/her spouse are residing in the same household, the Service Cost-Sharing percentage should be based upon the income of the service recipient and his/her spouse. (In those instances where a Respite Care activity is to be provided, the caregiver is the client.)

1105.4: Sources of Income

Sources of income which should be considered by the service recipient for the purpose of determining monthly income include the following:

- A. wages, pensions, retirement benefits;
- B. Social Security, Supplemental Security Income;
- C. dividends/interest from savings, bonds, and stocks;
- D. income from estates, trusts, royalties and rental property;
- E. unemployment/worker's compensation; and
- F. alimony

1105.5: Recommended Cost-Sharing Schedule

- A. The Division of Aging and Adult Services is required by North Carolina General Statute 143B-181.1(a)(10), to establish a fee schedule to cover the cost of providing in-home and community-based services administered by the Division of Aging and Adult Services. The law allows the fee schedule to vary on the basis of the type of service provided and the ability of the recipient to pay for the service(s).

An essential element of the Service Cost-Sharing Policy is the need to establish and implement methods of determining a service recipient's ability to pay for services in a fair, equitable and comprehensible manner, resulting in increased revenues for the provision of in-home and community-based services. To ensure that service recipients are treated in an equitable manner, some aspects of the cost-sharing schedule will be implemented uniformly across the state.

- B. The recommended cost-sharing schedule outlined below is a tool which may be used to determine what are reasonable and fair cost-sharing amounts for the income ranges indicated. The purpose of the recommended cost-sharing schedule is to establish, as a basic policy, that it is reasonable to expect persons whose annual income is at, or above, 150% of the federal poverty level to pay a portion of the cost of services rendered. As such, the recommended cost-sharing schedule begins at 150% of the federal poverty level. This equates to an annual income (in 1992) of \$10,215 per year, for an individual or \$13,785 per year, for a couple. The recommended full pay amount is established at 255% of the federal poverty level. This equates to an annual income (in 1992) of \$17,366 per year, for an individual or \$23,435 per year, for a couple. The cost-sharing percentages indicated below are minimums that the agency should seek to collect from service recipients. General Statute 143B-181.1(a)(10) outlines state policy stipulating that all service recipients will pay a portion of the cost of in-home and community based services, based upon their ability to pay. Ultimately, it is up to each service recipient to determine what they are able to pay based on their individual circumstances. Therefore, the cost-sharing schedule outlined below is recommended. However, steps must be taken by the agency to ensure that the requirements of the state policy are met by: explaining the cost-sharing policy to all service recipients; distributing a copy of the recommended cost-sharing schedule to all service recipients; and completing a cost-sharing form for all service recipients except for those individuals receiving congregate nutrition and/or transportation service.
- C. Agencies are not required to include their cost-sharing schedule on their Service Cost-Sharing Form. However, agencies must distribute a copy of their cost-sharing schedule to each service recipient. The cost-sharing schedule distributed by agencies must reflect the income ranges and minimum percentages outlined below. Distribution of the agency's cost-sharing schedule to each service recipient will ensure that every service recipient has been made aware of the state's recommended cost-sharing schedule. Ultimately, it is up to each service recipient to determine the amount of service cost-sharing they will pay based on their individual financial circumstances.

1105.6: Service Cost-Sharing Form

Agencies must complete a cost-sharing form for all individuals receiving services (except for Congregate Nutrition and/or Transportation) subject to cost-sharing. Agencies may utilize the Division of Aging and Adult Services' recommended cost-sharing schedule (DOA form #402) [*this can be found in the Home and Community Care Block Grant Manual at <http://www.dhhs.state.nc.us/aging/manual/hccbg/bgsect5.pdf>*] or develop their own form. The following information must be included on the Service Cost-Sharing Form:

- (1) The purpose of Service Cost-Sharing;

- (2) Space to list the service(s) to be received;
- (3) Space to indicate the cost of service(s) to be received;
- (4) Information regarding what procedures the agency will use to request cost-sharing revenues and whom the service recipient should contact if he/she has questions regarding Service Cost-Sharing collection procedures;
- (5) A statement indicating that services will not be terminated for failure to share in the cost of services rendered; and
- (6) Space for signatures by the service recipient/ designated representative and the agency representative indicating that the form has been reviewed with the service recipient and the date.

Each service recipient/designated representative shall be given a copy of the signed cost-sharing form and a copy shall be kept in the service recipient's file.

1105.7: Calculating Cost-Sharing Amounts

Agencies are not required to calculate cost-sharing amounts with service recipients. The following information is provided as guidance to enable agencies to respond to questions from service recipients regarding how they should calculate their recommended cost-sharing amount as well as to provide guidance for agencies voluntarily choosing to include the recommended service cost-sharing schedule on their Service Cost-Sharing Form for the purpose of negotiating cost-sharing amounts with service recipients.

To determine the cost sharing amount the service recipient will be requested to pay for service(s), apply the appropriate percentage, based upon the service recipient's self-declared income range, to an amount not to exceed the actual cost of service. If applicable, the calculated cost-sharing amount should then be multiplied by the units/hours of each service the individual will receive. Based upon this information, the agency representative and the service recipient could establish, in writing, an agreed upon monthly cost-sharing amount.

1105.8: Collection and Accounting for Cost-Sharing Revenues

A. The services listed below will, **at a minimum**, be subject to the following procedures for the collection of cost-sharing revenues from service recipients:

- (1) Adult Day Care
- (2) Adult Day Health
- (3) Home Delivered Meals
- (4) Home Health Services
- (5) Housing and Home Improvement (Individual Counseling/Home Repair and Appliance Purchases)
- (6) In-Home Aide Services (includes in-home Respite Care)
- (7) Institutional Respite

Agencies shall complete a Service Cost-Sharing Form for each service recipient.

Agencies shall distribute a copy of their cost-sharing schedule to each service recipient on an annual basis. Agencies shall establish policies and procedures governing the collection of cost-sharing revenues from all service recipients at least quarterly.

- B. For Congregate Nutrition and Transportation services, agencies are not required to complete a Service Cost-Sharing Form for each service recipient. At a minimum, however, the following procedures shall be utilized to collect cost-sharing revenues from service recipients:

Agencies shall display a poster or distribute a flyer/leaflet/brochure indicating:

- (1) The purpose of Service Cost-Sharing;
- (2) The agency's Service Cost-Sharing schedule;
- (3) The total cost of the service per unit; and
- (4) A statement indicating that services will not be terminated for failure to make a cost-sharing contribution.

[(FOR FCSP: THIS CAN ALSO BE USED FOR FCSP WORKSHOPS, SUPPORT GROUPS, OR OTHER GROUP ACTIVITIES)]

Agencies shall establish policies and procedures governing the collection of cost-sharing revenues for all service recipients at least quarterly. Agencies providing Congregate Nutrition and/or Transportation Services may collect cost-sharing revenues on a daily basis.

- C. Agencies must establish percentages or an amount that will be requested from individuals whose monthly income is below 150% of the federal poverty level for inclusion as part of the services cost-sharing schedule.
- D. Agencies must document that reasonable efforts have been made to collect cost-sharing funds from all service recipients at least quarterly.
- E. Service recipients may use notices received to request cost-sharing revenues to meet a Medicaid deductible provided the following conditions are met:
- (1) The service is medically necessary and physician authorized;
 - (2) The agency has a signed cost-sharing form from the service recipient indicating the amount of cost-sharing the recipient agrees to pay; and
 - (3) There is an expectation by the agency that the service recipient will pay the cost-sharing amount requested on the notice.

For further information regarding how Medicaid deductibles may be met through Service Cost-Sharing payments contact the county department of social services.

1105.9: Termination for Failure to Pay

Clients will not be terminated for failure to share in the cost of services rendered.

1105.10: Reporting of Cost-Sharing Revenues**Monthly Reporting Requirements**

Service providers will report, by service, on a monthly basis, the net amount of Service Cost-Sharing revenues collected. The net amount equals the total amount of Service Cost-Sharing revenues collected minus any "reasonable and necessary" costs incurred to generate Service Cost-Sharing revenues, if applicable. The Division of Aging and Adult Services has defined "reasonable and necessary" to include the following:

- (1) The cost of printing cost-sharing forms; and
- (2) The cost of printing brochures/flyers for the explicit purpose of explaining Service Cost-Sharing for Congregate Nutrition and/or Transportation services. (Does not include the cost of printing general brochures which describe agency services and operations.)
- (3) The cost of postage to mail notices requesting cost-sharing contributions from service recipients; and
- (4) The cost of administrative/clerical time necessary to prepare notices.

For audit purposes, agencies must be able to document any costs which are deducted from the amount of Service Cost-Sharing revenues reported.

The net amount of Service Cost-Sharing revenues collected will be retained by the service provider and deducted from the amount of reimbursement due for the month being reported. Cost-Sharing revenues collected will not decrease the total allocation available for the fiscal year to provide a given service.

In the event that Cost-Sharing revenues collected prevent a service provider from utilizing the entire annual allocation for a given service, allocated resources may be re-budgeted to support other services subject to Service Cost-Sharing.

**North Carolina Division of Aging and Adult Services
Cost Sharing Statement**

Cost Sharing and Voluntary Contributions

Updated - March 1, 2004

As you are probably aware, the Older Americans Act (OAA) was re-authorized in November 2000, and there were some changes to the Act that permit states to implement cost sharing for certain services and also clarify some aspects of the current voluntary contributions system. In fiscal year 1999-2000, over \$2.2 million in contributions was collected and reported which provides evidence that the cost-sharing policy continues to be a strong mechanism for expanding home and community-based

services for older adults in our state.

The primary purpose of this letter is to convey three points:

1. We believe that North Carolina's current policies on "cost sharing" are more consistent with the re-authorized OAA's directives on Voluntary Contributions than those on Cost Sharing, regardless of the name we have given our state's policies. Therefore, until we revise the existing NC Cost-Sharing Policies and Procedures, please continue to administer them as written. Our current policies are located in Section 5 of the Home and Community Care Block Grant Procedures Manual (see [Section 5](#)). Web address: <http://www.dhhs.state.nc.us/aging/manual/hccbg/hccbg.htm>
2. Both because of the OAA changes and to respond to a recommendation of the Institute of Medicine's Long-Term Care Task Force, we are reconvening the Provider Performance Review Committee to help examine and revise our cost-sharing policies and procedures. We will include representatives of Social Services as we work to streamline and combine our policies and rules. Besides any follow-up Federal Regulations we receive related to the Act, we will want to consider the views of program participants and service providers. We welcome your specific ideas on how to improve our state's policies and procedures related to cost-sharing. Send them to [Mark Hensley](#) at the Division. Mark will be leading our efforts in this area.
3. There are several matters of policy and practice that we want to emphasize. These are consistent with our current "cost-sharing" policies and with the re-authorized OAA:
 - We must protect the privacy and confidentiality of older individuals.
 - We must use appropriate procedures to safeguard and account for contributions.
 - We must use contributions to expand the service.
 - We must not deny service to any individual who does not contribute to the cost of the service.
 - We must not be coercive in seeking voluntary contributions from participants.

A Review of the Re-authorized Act

The amended Act permits states to implement "Cost Sharing" for all services except for Congregate Nutrition, Home Delivered Meals, and certain services that are not currently subject to cost-sharing in NC. In addition, the amended act excludes collection of cost-sharing for any service from low-income individuals at or below the Federal Poverty Line.

The Act **does** permit collection of "Voluntary Contributions" for **all** services, regardless of the person's income as long as the method of solicitation is noncoercive. The previous AOA regulations required service providers to offer older adults the opportunity to voluntarily contribute to the cost of services, and a suggested contribution schedule was

permitted. The Administration on Aging approved the North Carolina Cost-Sharing Policies and Procedures as an acceptable procedure for collecting service contributions. The income ranges on our state's recommended cost-sharing schedule may be used to negotiate a contribution amount for clients to pay toward the cost of the service. The updated Schedule is based on the current year poverty guidelines:

2004 Monthly Income of:		
Individual	Couple	Suggested Cost-sharing %
\$1,164 - 1,326	\$1,561 - 1,778	30%
\$1,327 - 1,489	\$1,779 - 1,997	40%
\$1,490 - 1,652	\$1,998 - 2,215	50%
\$1,653 - 1,815	\$2,216 - 2,434	60%
\$1,816 - 1,978	\$2,435 - 2,652	75%
\$1,979 - above	\$2,653 - above	100%

If you have questions or comments, you may contact [Jodi Hernandez](#), In-Home Services Coordinator, or [Audrey Edmisten](#), Nutrition Program Consultant at (919) 733-0440; or [Mark Hensley](#), Fiscal Program Specialist at (919) 733-8390.

Case Record Information

Whether or not an actual “case record” is needed and what must be included in this case record is determined by the service the client receives. Below are case record requirements for each service category. AAAs may require these forms as well as other information within their contracts. The requirements included are for good practice within the designated caregiver services. However, to retain the program flexibility it may be necessary to require less information under certain circumstances such as volunteer respite, certain supplemental services and other.

- **Category I** No case record information required. See Database Instructions at <http://www.dhhs.state.nc.us/aging/fcaregr/prgform.htm> for information to report on Category I events.
- **Category II**
 - Information and Assistance calls: Case record information is not required for information and assistance phone calls, although agencies must log calls in order to count the number of contacts. Although not required, agencies are encouraged to register callers with an intake form and document information provided.
 - Other Category II services (care management, assessment/care planning, developing a caregiver emergency plan)
 - Required
 - a signed caregiver intake form (has confidentiality information and includes eligibility for services)
 - signed cost share form
 - documentation of units of service provided and reported
 - Recommended
 - a completed assessment form and any reassessments
 - copy of the services plan (if any) signed by the worker and the client. Documentation of decisions made and next steps
 - documentation of why service is needed
 - documentation on action taken by family or worker
 - release of information, if appropriate
 - a bill of rights spelling out the rights of the family including the right to confidentiality, access to records, agency’s complaint and appeal process
 - complete documentation on counseling plan
 - progress notes
 - service termination information if appropriate

- **Category III**
 - Support groups
 - intake form for support group attendees paid or initiated from FCSP funds. (The AAA can create an ID number for the client record if caregiver chooses not to provide SSN.)
 - Workshops
 - Required
 - a signed caregiver intake form
 - Counseling
 - Required
 - a signed caregiver intake form (The AAA can create an ID number for the client record if caregiver chooses not to provide Social Security Number (SSN).
 - signed cost share form
 - an assurance of client confidentiality
 - documentation of why service is needed
 - documentation of units of service provided and reported
 - Recommended
 - copy of the services plan (if any) signed by the worker and the client; documentation of decisions made and next steps
 - a bill of rights spelling out the rights of the family including the right to confidentiality, access to records, agency's complaint and appeal process.
 - complete documentation on counseling plan
 - progress notes
 - Service termination information if appropriate
- **Category IV Respite**
 - Required
 - a signed caregiver intake form (The AAA can create an ID number for the client record if caregiver chooses not to provide SSN).
 - signed cost share form
 - documentation on eligibility including why service is needed
 - documentation of ADL impairments (must meet definition of frail found on page 34)
 - documentation of type and units of service provided and reported
 - Recommended
 - The caregiver intake form includes an assurance of confidentiality. A separate confidentiality assurance is completely permissible.

- a completed assessment form and any reassessments
 - copy of the services plan (if any) signed by the worker and the client; documentation of decisions made and next steps
 - a bill of rights spelling out the rights of the family including the right to confidentiality, access to records, agency's complaint and appeal process.
 - complete documentation on respite plan of care
 - progress notes
 - service termination information if appropriate
- **Category V Supplemental Services**
 - Required
 - a signed caregiver intake form (The AAA can create an ID number for the client record if caregiver does not want to provide SSN.)
 - signed cost share form
 - documentation on eligibility including why service is needed
 - documentation of ADL impairments
 - documentation of type and units of service provided and reported
 - Recommended
 - The caregiver intake form includes an assurance of confidentiality. A separate confidentiality assurance is completely permissible.
 - copy of the services plan (if any) signed by the worker and the client; documentation of decisions made and next steps.
 - a bill of rights spelling out the rights of the family including the right to confidentiality, access to records, agency's complaint and appeal process.
 - complete documentation on counseling plan
 - progress notes
 - service termination information if appropriate

Contracts and Monitoring

Provider Contracting Information/Suggestions

Some items to keep in mind when writing contracts for the provider agencies:

- Contracts are in writing with all terms in one instrument.
- Signature lines and date lines are provided for authorized representatives.
- The names and addresses of the subrecipient and the contractor (AAA) are listed.
- The contract defines the beginning and ending date coinciding with the period of the funding allocation. The contract period should not exceed 12 months.
- Funding source cited.
- The total amount of the funds to be reimbursed under the contract.
- Service area (geographic) defined.
- Service category for service delivery is identified and defined
- Target population shall be defined (eligibility). Spell it out in the contract.
- The priority group that they will serve, particularly when it is a new service or focus agree on how this will be done and spell it out in the contract.
- Contract spells out how the money will be drawn down. Define "units" or "hours" of service specifically.
- The contracts should include the reporting requirements (client data you need, how often to submit reports and the process for submitting reports). For providers who have had no past contractual relationship with your AAA, upfront discussions about service delivery, the reporting and reimbursement process would be helpful. What will be accepted as proof for reimbursement (e.g., receipts for purchase, time sheets, etc.)
- How waiting lists should be tracked and reported (see Waiting Lists, Page 44).
- Assurances should be included:
 - Assurance that the recipients of services in Category IV (respite) and V (supplemental services) meet the "frail" guideline (i.e., unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical, cueing, or supervision, or due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual).
 - State how you want them to assure quality (or at least how you will monitor for quality assurance).
 - Address client confidentiality and access to records
 - Cost-sharing expectations
 - Civil rights compliance
 - Compliance with the Americans with Disabilities Act (1990)
 - Compliance with Section 504 of the Rehabilitation Act (1973)

- Terms of subcontracting (will you allow agency to subcontract with another entity for the services?)
 - Liabilities
 - Insurance requirements
 - Care of property, if applicable
-
- A Conflict of Interest is required for each private, non-profit entity receiving state funds. See page 37 for further information on this subject.
 - Provisions for termination of the contract defined as either by mutual consent or by 30 days written notice to the other party. The termination clause should include provisions that in the event reimbursement to the Contractor (AAA) is reduced or terminated, the same reduction or termination will follow to the subrecipient.
 - Contract includes a provision for amending the contract should changes be required by the contractor. Examples of changes are: changes to the scope of services, amount of funding, etc.
 - Procurement procedures cited in 45 CFR 92.36(b)(11)
 - Reference to performance standards or expectations set by DOA, the AAA or other service provision authorities and how it will be monitored.
 - Reference to performance standards or expectations set by DOA, the AAA or other service provision authorities and how it will be monitored.
 - All applicable audit requirements should be listed including OMB Circular A-133
 - Lobbying, Debarment, Drug Free Work Place and are required for all providers except federal agencies.
 - Tax exempt status letters from the IRS (required for all non-profit agencies)

Draw upon existing non-HCCBG contracts your agency may have with providers. Do not use your HCCBG contracts as a boilerplate as HCCBG contracts are with your counties. Refer to the AAA Policies and Procedures Manual and utilize the legal consultation for the COG.

If a Request for Proposal (RFP) is cited in the contract in place of specific service provision information, it must be attached.

Monitoring/Assessment**Family Caregiver Support Program**


Monitoring or assessment by the AAAs of the service providers for the FCSP can fall into two separate categories: purchase of service or subcontracting. Below is basic information on monitoring/assessment requirements. For further information and instructions please refer to your AAA's Monitoring Training Notebook or see Section 308 of the AAA Policies and Procedures Manual.

Type of FCSP Relationship	Required Monitoring Activity	Frequency
<ul style="list-style-type: none"> • Purchase of Service: This is more indicative of a vendor agreement. The arrangement for goods and services is provided to support the provision of services. Examples include purchase of resource materials, purchasing of In-Home Aide services, or purchase of assistive devices or counseling services. Eligibility determination and program administration is not provided under this agreement. 	<ul style="list-style-type: none"> ✓ Ensure that the goods and/or services were received. ✓ Verify payment documentation for accuracy. 	Upon Receipt of the Goods or Services
<ul style="list-style-type: none"> • Subcontracting: Eligibility determination and program administration is passed to another entity under this agreement. A contract or agreement dictates the type of service, the requirements for providing services and individuals who will be determined eligible to receive services. Examples can include directly providing adult day care, counseling, training, etc. 	<ul style="list-style-type: none"> ✓ Through full programmatic monitoring, ensure that services were provided according to the contract or agreement (including Older Americans Act guidelines). ✓ Verify payment documentation for accuracy. ✓ Review service totals information and client tracking data to determine if program goals are achieved. 	* Annually, during the program year prior to June 30.

** Note: In instances where a subrecipient relationship is developed over a period of multiple fiscal years to provide ongoing services, the annual monitoring requirement can be modified. A risk-based monitoring approach to monitoring*

(see Section 308 of the AAA Policies and Procedures Manual) may be developed.

Areas of compliance monitoring required by OMB and (n) by the state:

Compliance Supplement Criteria Requirement	Compliance Supplement Criteria		
a. Activities Allowed or Unallowed:			
b. Allowable Cost/Cost Principles			
 c. Cash Management:			N/A
d. Davis-Bacon Act:			N/A
e. Eligibility:			
f. Equipment and Real Property Management:			
g. Matching, Level of Effort, Earmarking:			N/A
h. Period of Availability of Federal Funds:			
i. Procurement, and Suspension and Debarment:			
j. Program Income:			
k. Real Property Acquisition and Relocation Assistance:			N/A
l. Reporting:			
m. Subrecipient Monitoring:			
n. Special Tests and Provisions:			
Conflict of Interest: (non-profit agencies only)**			

****Each private, non-profit** entity receiving state funds, shall file with the disbursing agency a notarized copy of that entity's policy addressing conflicts of interest that may arise involving the entity's management employees and the members of its board of directors or other governing body. The policy shall address situations where any of these individuals may directly or indirectly benefit, except as the entity's employees or members of the board or other governing body, from the entity's disbursing of state funds, and shall include actions to be taken by the entity or the individual, or both, to avoid conflicts of interest and the appearance of impropriety.

Monitoring Schedule, Exhibit 17 of the Area Plan

Monitoring activities for the Family Caregiver Program are required to be listed on Exhibit 17 of the Area Plan. Include each agency that the AAA is subcontracting with. Purchase of service agreements should not be included.

Monitoring Tools

Monitoring tools for the Family Caregiver Support Program (along with other monitoring information) can be found at:

<http://www.dhhs.state.nc.us/aging/monitor/monitor.htm> (all program monitoring tools)

<http://www.dhhs.state.nc.us/aging/monitor/monfcsp.pdf>

Sample Monitoring Report/Letter

February 13, 2004

Paradise County Local Provider
Executive Director
555 Friendly Lane
Paradise, NC 29999

Dear Director:

In compliance with the Older Americans Act, Section 307 (4), OMB Circular A-133, Section 308 of the AAA Policies and Procedures Manual and Title III E of the Older Americans Act Agreement for the provision of caregiver services, [name of AAA staff], Family Caregiver Resource Specialist of the Area Agency on Aging made an on-site visit on [date]. During this visit, a programmatic compliance monitoring was conducted for Title III-E, the Family Caregiver Support Program.

The assessment reviews specific aspects of the services provided including 14 compliance criteria defined for each fund source. The assessment process included a review of compliance with the NC Division of Aging and Adult Services Service Standards, the unit verification, and verification of compliance with the conflict of interest policy requirement required in G.S. 143-6.1.

The assessment report is designed to:

1. identify those items which are commendable or show high achievement;
2. identify compliance or non-compliance with the applicable 14 compliance criteria and the requirement that non-profit entities have a notarized policy addressing conflict of interest;

3. identify the items not in compliance with the NC Division of Aging and Adult Services Service Standards and/or the contract that must be addressed in a corrective action plan; and
4. document any technical assistance offered by the Area Agency to further improve the service provided.

The results of the monitoring visit are as follows:

Fund Source: Title III E FCSP

CFDA: #93.044 Program Name(s):

Compliance Supplement Criteria Requirement	Compliance Supplement Criteria		
	Yes	No	N/A
a. Activities Allowed or Unallowed:	Yes		
b. Allowable Cost/Cost Principles:	Yes		
c. Cash Management:			N/A
d. Davis-Bacon Act:			N/A
e. Eligibility:		No	
f. Equipment and Real Property Management:			N/A
g. Matching, Level of Effort, Earmarking:	Yes		
h. Period of Availability of Federal Funds:	Yes		
i. Procurement, and Suspension and Debarment:	Yes		
j. Program Income:		No	
k. Real Property Acquisition and Relocation Assistance:			N/A
l. Reporting:		No	
m. Subrecipient Monitoring:		No	
n. Special Tests and Provisions:	Yes		
o. Conflict of Interest:		No	

Description of Non-Compliance Findings

Title III E Family Caregiver Support Program

(e) Eligibility: A review of 15 client records found 2 clients were ineligible to receive FCSP Category IV services. According to the Title III-E, recipients of services must have a functional status of frail. Frail is defined as: 1) unable to

perform at least 2 ADLs without substantial human assistance, including verbal reminding, physical cueing, or supervision, or 2) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Units of service reported for these clients must be changed to zero in the ARMS to reflect a deduction in reimbursement in the next reimbursement cycle. Attached are copies of the FCSP Intake Forms for the two clients in question.

(l) Reporting: 22 unverified units were determined for 1 client receiving FCSP Respite. A unit verification performed on 25 client records revealed unverified units when comparing the Units of Verification Report to the time records submitted by each individual respite provider. The unverified units appear to be a keying error.

By March 31, 2004, please submit documentation verifying units of service have been corrected for each client and submit a corrective action plan addressing additional measures that will be developed to prevent serving ineligible clients.

(j) Program Income: A copy of a completed Service Cost Sharing form which addresses the purpose of service cost sharing, the total cost of the service, the agency's procedures for requesting cost sharing, and a statement indicating that services will not be terminated for failure to share in the cost of the services received was not contained in each client's file as required (page 116 HCCBG Policy and Procedures Manual). By March 31, 2004, please submit a corrective action plan addressing additional measures that will be developed to ensure this requirement is met.

(o) Conflict of Interest

No notarized conflict of interest policy was available for review. General Statute §142-6.1 states "Each private, non-profit entity receiving state funds, shall file with the disbursing agency a notarized copy of that entity's policy addressing conflicts of interest that may arise involving the entity's management employees and the members of its board of directors or other governing body. The policy shall address situations where any of these individuals may directly or indirectly benefit, except as the entity's employees or members of the board or other governing body, from the entity's disbursing of state funds, and shall include actions to be taken by the entity or the individual, or both, to avoid conflicts of interest and the appearance of impropriety".

Please submit a notarized copy of your board approved conflict of interest policy to the Area Agency on Aging by March 31, 2004 as part of your corrective action plan.

Comments, Technical Assistance and Recommendations**FCSP***Comments*

Paradise County Local Provider began providing the FCSP Respite service beginning on July 1, 2002. An increase in the FCSP allocation was granted to address the need for additional respite service in the northern, rural part of Paradise County. Significant improvements in client records and other documentation have occurred since the last assessment visit. All documentation was found to be well organized. In addition, outreach to low income minorities in underserved communities is evident when reviewing the client profiles on ARMS report ZGA-2103 and ZGA-2043.

Technical Assistance

Monthly the Units of Verification Report should be used to detect any errors in units report to ARMS and provide early detection of unverified units. As we discussed, corrections should be submitted monthly to maintain an accurate level of funds utilization.

I want to thank you and your staff for your assistance during the assessment visit. A corrective action plan addressing each non-compliance issue, by fund source, is due to the Area Agency on Aging by March 31, 2004. In the meantime, if you have any questions, please do not hesitate to contact me. Thank you for your continued service to the older adults of Paradise County.

Sincerely,

Polly Beancounter, Family Caregiver Resource Specialist
Rollinghills Area Agency on Aging

Enclosures

Cc: Paradise County Manger
File

.....
End of sample monitoring letter

Waivers

Consistent with the position on direct services by the AAA, the DAAS requires a waiver for FCSP services in Category II (excluding resource development and I & A), III, IV and V. Exhibit 16 of the Area Plan must be completed including the plan and effort to recruit other providers of the service.

1. Budget:

- A. For non-unit activities (including health promotion, medication management, senior center outreach, senior center general purpose, and the Family Caregiver Support Program), attach a line-item budget identifying all personnel involved, salaries, fringe, travel, equipment, indirect cost rate, and other expenses. For the FCSP, an updated exhibit 15f is sufficient.
- B. For unit-producing activities, funded by the HCCBG, attach the Provider Services Summary (DOA-732) and the Service Cost Computation Worksheet (DOA-732A).

- 2. Complete and attach Form DOA-733 describing the method for targeting low-income minority and rural persons.
- 3. Discuss why this service is needed in the region:
- 4. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:
- 5. **For non-unit producing activities only** (*item #1A above*) provide a brief narrative of the planned service and activities.

Budget Procedures

Annually, the AAA will submit an Exhibit 14 from the Area Plan listing all the contracted providers as well as the amount that is utilized at the AAA for salaries, travel and any direct service(s). The Exhibit 15f lists all the funds and delineates the total amount of funding per category including direct and indirect services and program planning and administration. The total amount on Exhibit 14 must equal the total amount on Exhibit 15f.

The providers and amounts listed on Exhibit 14 must match the amount and provider codes entered in the Aging Resource Management System (ARMS). Any changes should be reported by updated Exhibits 14 and 15f. (Client information is not included in ARMS, but in the FCSP Database.)

AAAs are required to report through ARMS, by service code, the total monthly expenditures for all approved Family Caregiver Support activities as a non-unit service. AAAs and service providing agencies are required to maintain source documentation for expenditure reported. Payment is made to the AAA on the basis of the total expenditure amount, by category, for service rendered. The total funding amount is stated on the Negotiated Grant Agreement (NGA) between NC DAAS and the AAA.

Monthly reimbursement to the AAA can be verified through the ARMS report series ZGA 370-12. Service codes are as follows: **800**- Information about services; **810**-Assistance with access to services; **820**-Individual counseling, coordination of support groups, and caregiver training; **830**- Respite services; and **840**-Supplemental services.

For information on reporting cost-sharing/client contributions please refer to page 28 "Reporting of Cost Sharing Revenues".

For further instructions regarding reimbursement procedures or reporting requirements to ARMS see

<http://www.dhhs.state.nc.us/aging/arms/armspage.htm>

Waiting Lists

We are required to track the number of clients waiting for specific caregiver services. However, unlike HCCBG services, these numbers *cannot* be tracked in ARMS because clients for the FCSP are not registered in ARMS, but in the Caregiver Database. AAAs should include waiting list procedures in their sub-contracts.

FCSP intake forms should be completed for individuals waiting for service under the FCSP. The specific service category must be included. Waiting list information will be reported regularly to the DAAS.

APPENDIX A

Frequently Asked Questions about National Family Caregiver Support Program under the Older Americans Act Amendments of 2000

Page 46 **I. Questions asked of the NC Division of Aging and
Adult Services**

Page 48 **II. Questions asked of the U.S. Administration on Aging**

Frequently Asked Questions about National Family Caregiver Support Program under the Older Americans Act Amendments of 2000

I. Questions asked of the NC Division of Aging and Adult Services

Q1. (This is a question about relatives raising minor children). Our question is who is a relative caregiver? Can that be a parent or step-parent raising their own child under 18? We actually have an older adult over 60 who is raising an adopted son under 18. We were all thinking relative caregiver would be a grandparent, aunt, uncle, or older sibling, etc. It also seems clearer that if child has a developmental disability they would be eligible, but what if they are healthy? Would the parent still qualify for services such as day camp, school supplies, etc.?

A: Relative caregiver definition:

GRANDPARENT OR OLDER INDIVIDUAL WHO IS A RELATIVE CAREGIVER-
The term `grandparent or older individual who is a relative caregiver' means a grandparent or stepgrandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age or older and--

(A) lives with the child;

(B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and

(C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

There is nothing in the language or the "Frequently Asked Questions" about the Act that would strictly prohibit serving a relative adoptive parent age 60 & who is caring for a minor child. One scenario could be that through working with the FCSP and the GRG efforts (support groups, workshops on legal issues), a grandparent sought and was able to adopt the child. We could continue to help that grandparent/parent as he/she is a "relative" caregiver and has a legal relationship. While this wasn't the intent of the program, I believe it would be an appropriate use of the funds as they are faced with some of the same issues.

Q2. (from above) ...It also . It also seems clearer that if child has a developmental disability they would be eligible, but what if they are healthy?

A. According to the “Frequently Asked Questions about the 2000 Older Americans Act Amendments”, (#7below), posed to the AoA, the answer is no. Do the grandchildren who are cared for by grandparents need to have a disability or chronic illness (including those with mental retardation and developmental disabilities) in order to receive services?

No, there is no requirement that the grandchildren have a disability. Under the NFCSP, states may design services for grandparents or older individuals who are relative caregivers. In these instances, the grandparent or relative caregiver must be an older individual (60+), who lives with the child, is the primary caregiver of the child, and has a legal relationship to the child or is raising the child informally. The child must be no more than 18 years old. As a state determines how to target its services under the caregiver program, it shall give priority to older individuals in greatest social and economic need and older individuals caring for persons (interpreted as minor child) with mental retardation and developmental disabilities.

http://www.aoa.gov/about/legbudg/oa/legbudg_oaa_faq.aspxhttp://www.aoa.dhhs.gov/prof/agingnet/pi/pi-01-02_pf.asp

Q3. The line seems to be blurred between counseling and I & A. How does one determine when I & A ends and counseling begins?

A. Counseling and I & A are not the same. While a person may provide consultation on the phone while taking on an I & A call, this is not considered counseling for the purposes of this program. Counseling is a more formalized encounter where the individual has sought counseling and the provider should have some recognized credentials, (social work-masters or clinically licensed; licensed professional counselor, or other appropriate professional in the field in which counseling is sought).

Q4. Can a CAP/DA client receive personal care under the FCSP?

A. Since personal care can be provided under the CAP/DA program, the FCSP would not be appropriate to fund personal care for someone who has CAP/DA

OAA Title 45: Volume 4: Sec. 1321.65 (Code of Federal Regulations at http://www.aoa.dhhs.gov/about/legbudg/oa/legbudg_oaa_title_iii_reg.asp.) Responsibilities of service providers under area plans.

- As a condition for receipt of funds under this part, each area agency on aging shall assure that providers of services shall:
- Assist participants in taking advantage of benefits under other programs; and
- Assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources.

II. Questions from the Administration on Aging's website

http://www.aoa.gov/about/legbudg/oa/legbudg_oa_faqs.asp#NFCSP

Q1. Are most of the National Family Caregiver Support Program funds earmarked for respite services?

A. Funds under the National Family Caregiver Support Program (NFCSP) are not earmarked. Funds may be used to provide the five categories of services authorized: 1) information about services; 2) assistance with access to services; 3) individual counseling, organization of support groups, and caregiver training; 4) respite care; and 5) supplemental services, on a limited basis. States and area agencies have the flexibility to determine the funding allocated to these services. The category of supplemental services is designed to be on a limited basis. As a result, no more than twenty percent of the federal funding should be dedicated to this category.

Five percent of the total program allocation is reserved at the national level for competitive innovation grants, and activities of national significance such as program evaluation, training, technical assistance, and research.

Q2. Who is eligible to apply for the competitive innovative grants?

A. As with the discretionary authorization in Title IV, AoA will provide guidance regarding who is eligible to apply for the competitive innovative grants. Since the purpose of these grants is to assist in the development of multifaceted systems of caregiver support, states are likely to be one of the preferred grantees with incentives to include area agencies and others as partners.

Q3. If a state already funds a caregiver support program, can funds from such a program be used to match the new federal program? If so, how does this affect the "maintenance of effort" requirements?

A. A state may use other funds currently used for related programs to match the federal NFCSP so long as such monies are not from other federal sources, e.g., Medicaid, and are not used to match other programs. The maintenance of effort requirements are met if the overall amount of state and local funding remains at or above what was previously allocated to existing caregiver programs.

Q4. Can a family caregiver receive a salary or stipend (from National Family Caregiver Support Program funds) for services he or she provides to the care recipient?

A. A salary or stipend cannot be paid to the family caregiver(s) being served by the National Family Caregiver Support Program (NFCSP).

Q5. Are direct payments to family caregivers allowed for the purchase of services such as respite?

A. It is a State option to allow direct payments, e.g., cash or vouchers, to family caregivers for the purchase of services provided through the National Family Caregiver Support Program.

Q6. Can a family caregiver purchase respite or other services from another family member such as an adult grandchild?

A. It is a State option to allow family caregivers (those being served by the National Family Caregiver Support Program) to contract with other family members (family members not identified as clients in the NFCSP) to provide needed services such as respite.

Q7. Do the grandchildren who are cared for by grandparents need to have a disability or chronic illness (including those with mental retardation and developmental disabilities) in order to receive services?

A. No, there is no requirement that the grandchildren have a disability. Under the NFCSP, states may design services for grandparents or older individuals who are relative caregivers. In these instances, the grandparent or relative caregiver must be an older individual (60+), who lives with the child, is the primary caregiver of the child, and has a legal relationship to the child or is raising the child informally. The child must be no more than 18 years old.

As a state determines how to target its services under the caregiver program, it shall give priority to older individuals in greatest social and economic need and older individuals caring for persons with mental retardation and developmental disabilities.

Q8. Does the child with MR/DD have to be under the chronological age of 19?

A. Yes, the statute does not provide any distinctions other than the child must be no more than 18 years of age.

Q9. Are States required to reserve 10% of the funding for services to grandparents?

A. No. States have the flexibility to determine the expenditures up to a maximum of 10%, to provide support services to grandparents and older individuals who are relative caregivers of children age 18 and under. States may design intrastate funding formula allocations that vary the proportion of funding among area agencies. It is conceivable that such a formula could be designed that would allocate the majority of funding to certain area agencies within the state.

Q10. Can States reserve funds to conduct a caregiver demonstration in one geographic area of the state?

A. No. Funds under Title III-E must be allocated via an intrastate funding formula to area agencies on aging.

Q11. Can the needs of other caregivers be addressed through the National Family Caregiver Support Program?

A. The NFCSP was developed as an initial effort to meet the needs of a segment of the caregiver population. For FY 2001, it [was] funded at \$125 million and is designed to begin to address the needs of caregivers. As part of the program's original design, we identified options for expanding the population of caregivers to be covered. As the program matures, and outcomes are generated, and most importantly, as additional resources become available, we will consider expanding the program to other groups of persons requiring and providing care.

APPENDIX B

Information on Obtaining Tools

And

Sample Forms

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Page 60.....	Caregiver Planning Interview

Caregiver Assessment Information and Tools

Sources:

- A monograph from the Family Caregiver Alliance discusses areas of assessments, sample tools and best practice criteria.
The State of the Art: Caregiver Assessment in Practice Settings
http://www.caregiver.org/caregiver/jsp/content/pdfs/op_2002_state_of_the_art.pdf
- Also from the Family Caregiver Alliance: An inventory of CG assessment tools including descriptions can be found in *Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners*.
http://www.caregiver.org/caregiver/jsp/content/pdfs/op_2002_resource_inventory.pdf

Comprehensive assessment tools:

- *Panel on Care Management for Caregivers: Research on Caregiving Assessment*
<http://www.aoa.gov/prof/aoaprogram/caregiver/careprof/conferences/Bass.pdf>
- Rosalynn Carter Institute
http://rci.gsw.edu/RCI_FCA.pdf
- The Performance Outcome Measures Project of the Administration on Aging has a comprehensive tool with a stand-alone emotional well-being section, a physical functioning section, and a social functioning session.
<http://www.gpra.net/CGmain.asp>
- Caregiver Risk Screen (Canada)
<http://www.msvu.ca/Family&Gerontology/Project/screening1.pdf>
- Virginia Uniform Assessment instrument: combined assessment for older adult and section at end to assess caregivers.
<http://www.aging.state.va.us/uai.pdf>
- Canadian assessment tool
<http://www.geronto.org/files/assessmenttool.pdf>

This website provides several assessment tools including New York and

- Pennsylvania caregiver assessment tools.
<http://www.aginghelp.com/assessment.html>
- New Jersey Ease caregiver program evaluation is on the web. On page 60 of the actual document (page 72 of your PDF file) you will find a caregiver evaluation and on page 73 of the actual documents (page 85 of

the PDF file) is a telephone screening form.

http://www.cshp.rutgers.edu/PDF/FINAL_NJECaregivers.pdf

- American Medical Association-caregiver self-assessment
<http://www.ama-assn.org/ama/pub/category/5037.html>
- Caregiver Risk Screen
<http://www.msvu.ca/Family&Gerontology/Project/screening1.pdf>

Burden Scale

- Zarit Scale <http://www.aafp.org/afp/20001215/2613.html>
- Caregiver Well-Being Instrument Review, Brown University,
<http://www.chcr.brown.edu/PCOC/familyburden.htm>
- Caregiver Burden Instrument Comparison
<http://www.gwu.edu/~cicd/toolkit/caregive.htm>
- Kinship Caregiver Burden
<http://cfrwww.social.uiuc.edu/pubs/Pdf.files/kinburd.pdf>

INFORMATION LOG/I &A Calls

DATE (m/d/y)	REASON FOR CALL	INFORMATION PROVIDED	UNMET NEEDS	CALLER INFORMATION		
				NAME	RELATIONSHIP	PHONE

Form provided by Senior Services, Inc., Winston Salem, NC

General Release of Information Form

I _____ give the _____
(client name) (agency name)

permission to share information about my care or circumstances with the agency (s) listed below:

1. _____

Purpose: _____

2. _____

Purpose: _____

3. _____

Purpose: _____

4. _____

Purpose: _____

5. _____

Purpose: _____

I understand that this consent is valid for one year and can be revoked by my caregiver or myself at anytime.

Client Signature

Date

Case Manager's Signature

Date

This form provided by Rowan Senior Services

SPECIFIC RELEASE OF INFORMATION FORM**Client:** _____ **SS #** _____ **Date of Birth:** _____

- I understand that confidential information will be released to other agencies involved in my care and will be handled in the appropriate manner of confidentiality.
- I hereby authorize _____ to release or obtain specified information about myself to/from the following persons/agencies:

	Name	Nature of Information
_____ Health Care Provider(s)	_____	_____
_____ Family/Caregiver	_____	_____
_____ County Human Services	_____	_____
_____ Mental Health Worker	_____	_____
_____ Pharmacy	_____	_____
_____ In-Home Aide Agency	_____	_____
_____ Adult Day Center	_____	_____
_____ Other	_____	_____

Additional Information:

Any exclusion to the above statement:

 Client's Signature OR Client's Power of Attorney or Responsible Party

Date: _____ Witness _____

This release is effective through _____ (One year maximum)

This consent may be revoked at any time by a request in writing from the client or responsible party

This form provided by Resources for Seniors, Inc.

CLIENT NAME: _____

ASSISTANCE/ CARE PLAN

Services will be discontinued when the goals listed below have been satisfactorily met and/or the Case Manager and client determine that termination is appropriate. If services are continued, goals will be revised as needed.

PROBLEM/NEED	OUTCOME ORIENTED GOALS	SERVICES/SUPPORTS	PROGRESS NOTES

SIGNATURE OF CLIENT _____ SIGNATURE OF STAFF PERSON _____

DATE _____

ORIGINAL: FILE

COPY: CLIENT

This form provided by Resources for Seniors, Inc.

Care Management/Case Assistance Contact/Activity Sheet

Client _____ Case # _____ ID # _____		
Date	Contact or Activity	Results of Contact/Activity

This form provided by NC Division of Social Services

Client Rights and Responsibilities

As a Caregiver or Care Receiver, you have the following rights:

- ❖ To be treated with respect and maintain one's dignity and individuality.
- ❖ To voice grievances and complaints regarding treatment or care without fear of retaliation, discrimination, coercion, or reprisal.
- ❖ **To choose who will provide your services and direct your care.**
**** (use in an applicable way for your service delivery system) ****
- ❖ To direct the development of the plan of care and be informed of its content.
- ❖ To be informed of any personal responsibility for costs of services exceeding the reimbursement payment limits.
- ❖ To receive services on a schedule negotiated by the Caregiver and the provider in a dependable manner and to be notified in a timely way of any temporary changes in the agreed schedule.
- ❖ To confidential treatment of all information, including information in your record.
- ❖ To have your property and residence treated with respect.
- ❖ To appeal any adverse action or decision affecting the receipt of services except when the action is a result of the lack of funding of the Family Caregiver Program.

As a Caregiver you have the following responsibilities:

- ❖ To notify the Family Caregiver Coordinator and any service provides of changes in your circumstances (or the Care Receiver's) such as major health changes, hospitalization, placement in a facility, change of address or phone number, etc.) in a timely way.
- ❖ To treat providers, whether from an agency or other resources you choose, in a courteous and respectful manner.
- ❖ To cooperate with and respect the rights of helpers providing services.
- ❖ To be as accurate as possible when providing health related and other information required.
- ❖ To make choices and decisions regarding the care of the Care Receiver.
- ❖ To maintain a safe home environment.

Caregiver Planning Interview

Purpose: This section focuses on helping the caregiver make the necessary plans to successfully care for his/her family member and maintain a balanced lifestyle. Your task is to help caregivers create a plan for a broad network of support so they do not have to do their caregiving in isolation. Support networks that wrap around caregiver needs will help them achieve personal goals, cope better, stay healthy, and help sustain their ability to provide the care.

Part I - Clarifying Needs and Wants

1. Describe what you want for the person you are caring for (e.g., care, lifestyle, community and family involvement, living arrangement, etc.)?

2. Describe the kind of lifestyle you want for yourself while you care for this person (e.g., what's important to you and what do you do to enjoy yourself)?

3. Is there anything keeping you from getting the things you want and need? If so, please specify:

4. Who is in your family's current network of support and who are you willing to include? (e.g. other family, neighbors, friends, church, co-workers, licensed agencies, etc.) (Help the caregiver determine how this network can be developed and if there is a role any professional could play to facilitate this.)

5. What kind of help do you need (e.g., help with care; financial; emotional support; social; spiritual; employer assistance, time away, etc.)?

6. Here is a list of typical services used by caregivers. Do any of these interest you?

- | | |
|--|---|
| <input type="checkbox"/> Information | <input type="checkbox"/> Education about how-to provide care, disease, etc. |
| <input type="checkbox"/> Exercise & Relaxation Activities | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Therapy or treatment for depression | <input type="checkbox"/> Faith-based support |
| <input type="checkbox"/> Home modifications and assistive devices | <input type="checkbox"/> Peer counseling or support groups |
| <input type="checkbox"/> Outside chore/homemaking help | <input type="checkbox"/> Assistance with child care |
| <input type="checkbox"/> Employee assistance programs | <input type="checkbox"/> Help with meals, shopping, errands |
| <input type="checkbox"/> Self-help materials | <input type="checkbox"/> Home care/nursing care |
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Family or individual counseling |
| <input type="checkbox"/> Assistance with legal insurance, or Financial issues | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Social activities and connections to support systems (e.g., telephone, visits, outings) | |

Part II. Developing an Action Plan for Wrap-Around Support for the Caregiver

7. Would you like someone from (*your agency name here*) to contact you about the different kind of help available to caregivers? ☐ YES ☐ NO

If yes, what is a good time to contact you? _____

8. Check materials given to caregiver: (*fill in your own*)

- | | |
|--|---|
| <input type="checkbox"/> Caregiver Journal | <input type="checkbox"/> Caregiver Brochure |
| <input type="checkbox"/> Caregiver Web Site | |
| <input type="checkbox"/> Senior Information Line | <input type="checkbox"/> Depression information |

9. List the plans or activities you would like to pursue for yourself to help you with your caregiving job or what you need assistance with: _____

Specify Necessary Follow-up; who will do, and when:
